## LOBBYIST MONTHLY REPORT FORM



## State of Idaho

Ben Ysursa Secretary of State

(Type or print clearly in black ink)

To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page of Page(s)
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08 FEB -8 AN 9:41

STATE OF IDAHO

		instructions at															
Lobbyist's name and permanent business address									Date prepared				Period covered				
David R. Swartley														/ month ending			
Oregon Financial Center									February 5, 2008					l at-	· (I	2017	(17-)
OR1-129-17-87 SW Morrison Street Portland, Oregon 97204-3117										rebluary 5, 2006				<u> </u>	1	Day)	(Yr.)
Po	rtland, Ore	egon 97204	-31	117				$\perp$						01		31	2008
Item 1	<u> </u>		ole	expenditures made o													yer.
Reimbursed Personal Living and Travel *Total Amount for Item 3, at botton								ounts contributed by each employer (Identify employers, under n of page.)									
Expense		obbying Activity		All Employers			nployer No. 1 Employer No. 2 Employer No. 3 Employer No. 4			0.00  nployers sho , and execultic and Exec	No. 4						
Enterta Food ar	inment	ent	\$	0.00	5	6	0.0	00	\$			s			\$		
Living	Accommodat	ions		0.00			0.0	00									
		10113	-	0.00			0.0	00	-								
Travel	Advertising			0.00			0.0	00	-								
Telepho				0.00			0.0	00	-								
-			-	0.00			0.0		-	- AMELINA							
Other E	Expenses or S	ervices	-						_								
		Total	\$	0.00	5	s	0.0	00	\$	0	0.00	\$		0.00	\$		0.00
				re reporting for require	_											<del></del>	on Page 1.
Item 2									ther holder of public office, and executive officials.  Names of Legislators, Public and Executive Officials in Group								
				Tiacc			1	noun		1101110				271000		1010	п отопр
	N/A																
	Continued on	attached page(s)	)														
		100							em		En	onlover(s) N	Jame(s	) and A	ddresste	) )	
		INST	RI	ICTIONS					3					, and , i			
Wh	o should file	this form: A	.ny	lobbyist registered u	nde	r Sectio	on	No.	1	Bank of An		•					
67-6	6617 Idaho C	Code								TOO NOTE	I King	J Street,	VVIIII	migtoi		1900	4
		: Monthly re		rts due within ten (lonth.	10)	days o	of the	No. i	2								
TO	BE FILED \	WITH:															
Ben Ysursa									3								
				ry of State ox 83720													
Boise, 1D 83720-0080								No. 4									
	Phoi	ne: (208) 334-2	2852	2 Fax: (208) 334-2.	282												

Item 4	perso	onal prop	itor, Pul	of money or other tangible or intangible or, Public or Executive Official.									
	N/A	eate	Amount	Na	ne of	Legislator, Public or Executive Off	ncial Ré	ceiving or Benefiting					
ltem 5	or Ho	ouse Bill,	Resolution or other	ion, the number of the Senate legislative activity in which	LEGISLATIVE SUBJECT IDENTIFICATION								
or H		Lobbyist was supporting or of		Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	20 21 22 23 24 25 26 27 28 29 30 31	Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)					
Item 6	hid and hid annual Commission on hand labelies was					CERTIFICATION: I hereby certificorrect statement in accordance with the control of the control o							